

Please type a plus sign (+) inside this box →



CO OF PAPERS
ORIGINALLY FILED

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/909,500
	Filing Dat	July 20, 2001
	First Named Inventor	Ladouceur, Dave
	Group Art Unit	2166
	Examiner Name	TBA
	Attorney Docket Number	4622-122 US

I hereby appoint:

☒ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
David P. Krivoshik	39,258

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	David P. Krivoshik				
Address	Mathews, Collins, Shepherd & Gould P.A.				
Address	100 Thanet Circle, Suite 306				
City	Princeton	State	NJ	ZIP	08540-3674
Country	United States				
Telephone	609-924-8555	Fax	609-924-3036		

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Dave Ladouceur
Signature	
Date	10/29/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ease type a plus sign (+) inside this box → 

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number



COPY OF PAPERS
ORIGINALLY FILED

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Applicati n Numb r	09/909,500
Filing Date	July 20, 2001
First Named Invent r	Ladouceur, Dave
Group Art Unit	2166
Examiner Name	TBA
Attorney Docket Number	4622-122 US

I hereby appoint:

☒ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
David P. Krivoshik	39,258

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	David P. Krivoshik				
Address	Mathews, Collins, Shepherd & Gould P.A.				
Address	100 Thanet Circle, Suite 306				
City	Princeton	State	NJ	ZIP	08540-3674
Country	United States				
Telephone	609-924-8555	Fax	609-924-3036		

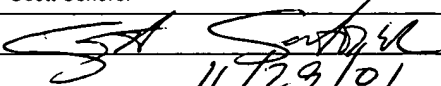
I am the:

☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Scott Schorer
Signature	
Date	11/29/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →



PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT
COPY OF PAPERS
ORIGINALLY FILED**

Application Number	09/909,500
Filing Date	July 20, 2001
First Named Inventor	Ladouceur, Dave
Group Art Unit	2166
Examiner Name	TBA
Attorney Docket Number	4622-122 US

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
David P. Krivoshik	39,258

Place Customer
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☒ Firm or
Individual Name

David P. Krivoshik

Address Mathews, Collins, Shepherd & Gould P.A.

Address 100 Thanet Circle, Suite 306

City Princeton State NJ ZIP 08540-3674

Country United States

Telephone 609-924-8555 Fax 609-924-3036

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Gregg Lauer

Signature 

Date 10-24-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →



PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT
COPY OF PAPERS
ORIGINALLY FILED**

Application Number	09/909,500
Filing Date	July 20, 2001
First Named Inventor	Ladouceur, Dav
Group Art Unit	2166
Examiner Name	TBA
Attorney Docket Number	4622-122 US

I hereby appoint:

☒ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
David P. Krivoshik	39,258

Place Customer
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.
OR

<input checked="" type="checkbox"/> Firm or Individual Name	David P. Krivoshik				
Address	Mathews, Collins, Shepherd & Gould P.A.				
Address	100 Thanet Circle, Suite 306				
City	Princeton	State	NJ	ZIP	08540-3674
Country	United States				
Telephone	609-924-8555	Fax	609-924-3036		

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Todd Hoven
Signature	
Date	10-22-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/909,500
Filing Date	July 20, 2001
First Named Inventor	Ladouceur, Dav
Group Art Unit	2166
Examiner Name	TBA
Attorney Docket Number	4622-122 US

COPY OF PAPERS
ORIGINALLY FILED

I hereby appoint:

☒ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
David P. Krivoshik	39,258

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☒ Firm or
Individual Name

David P. Krivoshik

Address Mathews, Collins, Shepherd & Gould P.A.

Address 100 Thanet Circle, Suite 306

City Princeton State NJ ZIP 08540-3674

Country United States

Telephone 609-924-8555 Fax 609-924-3036

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Bruce Bacon
Signature	
Date	10/25/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

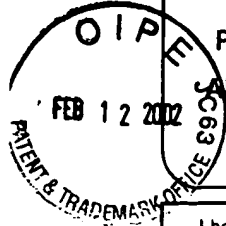
☒ *Total of 6 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Applicati n Numb r	09/909,500
Filing Dat	July 20, 2001
First Named Inv ntor	Ladouceur, Dave
Group Art Unit	2166
Examiner Name	TBA
Attorney Docket Number	4622-122 US

COPY OF PAPERS
ORIGINALLY FILED

I hereby appoint:

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☒ Practitioner(s) named below:

Name	Registration Number
David P. Krivoshik	39,258

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	David P. Krivoshik				
Address	Mathews, Collins, Shepherd & Gould P.A.				
Address	100 Thanet Circle, Suite 306				
City	Princeton	State	NJ	ZIP	08540-3674
Country	United States				
Telephone	609-924-8555	Fax	609-924-3036		

I am the:

☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Mike Shell
Signature	
Date	10/31/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.